

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Management Administration • Bureau of Mines

160 South Water Street • Frostburg, MD. 21532

(301) 689-6104 • <http://www.mde.state.md.us>

Permit Application Number: _____

OPERATOR INFORMATION FOR MINING OPERATIONS

Date: _____

Permit Number: _____

1. OPERATOR IDENTIFICATION AND INTEREST

1.1 Name of Operator or Company: _____

1.2 Address: _____

1.3 City: _____ State: _____ Zipcode: _____

1.4 Telephone Number: _____

1.5 Operator Employer ID Number: _____

1.6 Operator Social Security Number: _____

1.7 Is the Operator a Licensed Maryland Operator? ☐ YES ☐ NO

If YES, list Operator's License Number: _____

1.8 Identify Resident Agent In Maryland For Service Of Process

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer I.D. Number: _____

Social Security Number: _____

1.9 Indicate Legal Structure Of Operator:

☐ Single Proprietorship (Individual)

☐ Partnership

☐ Corporation: List State of incorporation: _____

☐ Association

☐ Other; List: _____

Attach certified copy of partnership agreement, incorporation from Secretary of State, or certificate of authority to conduct business in Maryland, whichever is appropriate, and label Attachment 1.8.



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1.10 If Operator Is A Single Proprietorship (Individual), List Owner:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer I.D. Number: _____

Social Security Number: _____

Beginning Date of Ownership: _____

1.11 If Operator Is A Partnership, List All Partners. If Any Partner Is A Business Entity And Not An Individual, Also Complete Item 1.13 For That Entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer I.D. Number: _____

Social Security Number: _____

Location in Organizational Structure: _____

Official Title Within Partnership: _____

Percent of Ownership: _____

Beginning Date of Ownership: _____

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer I.D. Number: _____

Social Security Number: _____



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Location in Organizational Structure: _____

Official Title Within Partnership: _____

Percent of Ownership: _____

Beginning Date of Ownership: _____

NOTE: Attach additional entries as needed using the above format and Label Attachment 1.11. Number of additional entries

1.12 If the operator's legal structure is other than a single proprietorship or a partnership, provide all the information set forth below for:

- a) Officers [President, Vice President, Secretary, Treasurer];
- b) Stockholders owning ten percent (10%) or more of any class of voting stock; and
- c) Directors, and any other person performing a function similar to a Director.

If any person listed below is a business entity and not an individual, also complete item 13 for that entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

Ownership/Control Relationship to Applicant: _____

Location in Organizational Structure: _____

Official Title Within Partnership: _____

Date Position Was Assumed: _____

Percent of Ownership: _____

Beginning Date of Ownership: _____

NOTE: Attach additional entries as needed using the above format and Label Attachment 1.12. No. of additional entries



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- 1.13 Complete this item whenever a business entity is listed in items 1.11, 1.12, or 1.13. Check the box below that corresponds to the item number in which the entity is found.

Check appropriate box : ☐ 1.11 ☐ 1.12 ☐ 1.13

Name of entity: _____

List below the owners and controllers of entity. If any person listed is a business entity and not an individual, also complete an item 1.13 for that entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

Ownership/ Control of Relationship to Entity: _____

Location in Organizational Structure: _____

Official Title Within Partnership: _____

Date Position Was Assumed: _____

Percent of Ownership: _____

Beginning Date of Ownership: _____

Beginning Date of Affiliation: _____

NOTE: Attach additional entries as needed using the above format and Label Attachment 1.13. Number of additional entries

- 1.14 List all permits issued within the last five (5) years preceding the date of this application for surface coal mining operations in the United States owned or controlled by the applicant and/or person identified in items 1.10, 1.11, 1.12, or 1.13.

Name of Permittee: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Employer I.D. Number: _____



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Permit Application Number: _____

Permit Number	State	Regulatory/ Authority	MSHA Number	Date MSHA Number Issued

NOTE: Attach additional entries as needed using the above format and Label Attachment 1.14.

Number of additional entries: _____

- 1.15 List all permit applications pending for surface coal mining operations in the United States owned or controlled by the operator and/or any person identified in Items 1.10, 1.11, 1.12, or 1.13.

Applicant: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Employer I.D. Number: _____

Application Number	State	Regulatory/ Authority	MSHA Number	Date MSHA Number Issued

NOTE: Attach additional entries as needed using the above format and Label Attachment 1.15.

Number of additional entries: _____

2. VIOLATION INFORMATION

- 2.1 Has the operator or any person listed in Items 1.10, 1.11, 1.12, or 1.13 or any subsidiary, affiliate, or person controlled by or under common control with the operator.

- a) Had a federal or state coal mining permit suspended or revoked in the five (5) years preceding the date of this application?

☐ YES

☐ NO

Name of Operator or Person: _____

Permittee: _____



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Permit Application Number: _____

Permit Number: _____ Date of Issuance: _____

Regulatory Authority Suspending or Revoking the Permit: _____

Stated Reason for Action: _____

Current Status of Permit: _____

If Administrative or judicial proceedings initiated, provide the following:

Date: _____ Location: _____

Type: _____

Current Status of Proceedings: _____

NOTE: Attach additional entries as needed using the above format. Label Attachment 2.1.
Number of additional entries _____.

- 2.2 Has the operator been issued a notice of violation in connection with any surface coal mining and reclamation operation during the three (3) years preceding the date of this application for violation of SMCRA, any federal law, rule or regulation pertaining to air or water environmental protection, or any State law, rule or regulation enacted pursuant to federal law, rule or regulation pertaining to air or water environmental protection?

☐ YES ☐ NO

If YES, provide the following information:

Name To Whom Violation Was Issued: _____

Permit Number: _____

MSHA Number: _____ Date MSHA Number Issued: _____

Violation I.D. Number: _____

Issuing Regulatory Authority: _____

Date Violation Issued: _____

Description of Alleged Violation: _____

Abatement Actions Taken: _____

